The Habit

ALCOHOL AND DRUG ABUSE DIVISION
MONTANA DEPARTMENT OF INSTITUTIONS
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SEPTEMBER/OCTOBER, 1983

"FOCUS" ON JIM CROWLEY AND COMMUNITY INTERVENTION, INC.

In Great Falls, at the Montana Adolescent Drug Abuse Conference, Mike Murray met with Jim Crowley, President of Community Intervention, Inc. for this "HABIT" interview. Mr. Crowley was the featured guest speaker at the conference.

1. How and where did Community Intervention, Inc. begin?

   Response: Community Intervention was organized in 1979 as a result of my interest and desire to work with schools dealing with chemical dependency problems of children and their parents. I had ten years teaching experience at the secondary school level prior to spending five years as Executive Director of the Johnson Institute. The emphasis of JI was in areas other than schools and adolescents.

   A unique aspect of CI is the concept we use for training. CI contracts with trained professionals and utilizes their skills in our training. They "do" what they "teach."

2. How did CI come to work in Montana?

   Response: As a result of a troubled employee situation at a "Wendy's" in Billings, Sam and Judy McDonald, owners of "Wendy's Old Fashioned Hamburgers of Montana" sent five community people to Minnesota. The five returned and convinced the McDonalds to send ten additional people the following summer. After that training encounter Sam called me in Minneapolis and said it only makes good sense that it is cheaper for ten of your CI people to fly to Montana rather than the travel costs involved in sending the whole state of Montana to Minnesota for training. At Sam's insistence I then traveled to Montana for a meeting with the McDonalds. My meeting resulted in training offered in Billings in the summer of 1980 and again in 1981. Prior to our Billings encounter we had only trained out of the Minneapolis area once or twice.

3. What states does CI work in?

   Response: We have thus far worked in 24 states. We have worked extensively in Ohio. Some other states we work in besides Montana are Vermont, Kentucky, Wisconsin and California. Next month we will put a training session on in North Dakota and this will be our first experience in that state.

4. What do you believe is CI's contribution in Montana?

   Response: I think we have had a two-fold impact in Montana:

   1) We encourage systems to try again with a renewed effort. It is extremely rare that we find an area where efforts haven't been made. We have motivated people in Montana to try again to develop workable, long-lasting programs for children.

   2) We have given people we have trained a basic plan to begin with and the hope and encouragement to carry on.

Community Intervention, as part of training, strongly encourages communities and local people to carry on by seeking permanent funding, hopefully in the school or agency budget. If a community program doesn't develop a permanent funding base and relies only on grants, experience has demonstrated it will wither and die.

Another contribution of our training has been the networking that occurs as part of training. Any time you can draw a wide geographical area together for training they will network each others community sharing both problems and successes.

5. ADAD received the comment that someone should evaluate CI and their training. Do you care to respond?

Response: At the conclusion of all training we offer we ask trainees to evaluate the training session. In the case of our major workshops "Alcohol and Drugs" Working With Adolescents and Schools", "Student Support Group Facilitators Training" and "Working With Parents", we do conduct a pre- and post-test of all trainees. This allows us to evaluate training provided and make changes to improve our offerings.

I think what is at issue here is "turfism". What state or local agencies should realize is the door has been opened--why worry or get excited how the door was opened--go with whats started and pass through it. Certainly we have helped open the door in Montana; but we haven't filled all or even most of the cracks. Two main areas we see that need further work in Montana are with the Criminal Justice System and Parents. Local agencies should develop ways to fill these two voids and offer training. We want to encourage the concept that where gaps exist local agencies should fit in and fill them. We have offered Group Facilitator training at two locations in Montana. This past summer the Billings school people offered this training themselves. We certainly didn't invent group facilitator training; however, we provide excellent training in this area; but local people with training can provide group facilitator workshops on their own.

State and local agencies should be visiting schools, parent groups and other organizations that are working with this problem and asking how they can be helpful to these groups as they try to advance their programs...what needs do they have that the State and locals can help with.

6. Often we hear the comment "They are so expensive, they take our money and leave for Minnesota."

Response: Our price for a week of training isn't that expensive if you compare our tuition costs for a week with training offered by other companies or institutions. You should take a look at the vast amount of money federal and state governments have wasted in the name of prevention and education for things that haven't lasted. We have never had a sponsoring organization after training contact us and say they didn't get their monies worth. We have had a few participants dissatisfied with a training program; but even they have been satisfied that we provided their monies worth in our offering.

7. What do you see as your future in Montana?

Response: As I mentioned, what we see as a major need is people trained to work with parents and their fears and concerns. CI and the Great Falls Junior League may co-train a workshop designed to train people to work with parents of children not identified as users or abusers and the concerns, questions, and fears they have.

We also will offer: "Alcohol and Drugs: Working With Adolescents and Schools" in: Hardin, October, 1983
Billings, February, 1984.

8. We hear community groups argue about the importance of prevention vs. intervention. Do you view one as more important than the other?

   Response: It is not a case of versus. It is Intervention and prevention. A community must do both. I see prevention assisting children in making wise decisions about alcohol and drugs and in resisting peer pressure. Intervention helps reduce the peer pressure by getting young people to stop using through treatment, family counseling, self-help groups or school groups. Intervention allows the support system to develop for the decision making process. Intervention helps to develop the model of the chemically free kid for which prevention strives.

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Reprinted from ALCOHOLISM/The National Magazine July/August 1983

THE DISEASE CONCEPT OF ALCOHOLISM BRIEFLY REVISITED

By Mark Keller

In recent decades the idea of alcoholism as a disease is commonly connected with the name E. M. Jellinek. His book, "The Disease Concept of Alcoholism", which I published in 1960, still sells well and is still often cited in the scientific literature. It is the chief source for the popularity of the alcoholisms, alpha, beta, gamma, delta and epsilon, which Jellinek invented.

Many people so connect the disease concept of alcoholism with Jellinek that they suppose he originated the idea. Others, somewhat better informed, suppose the idea that alcoholism is a disease was spun in the 1940's by do-gooders at the Yale Center of Alcohol Studies, then under Jellinek's direction, as a gimmick to arouse sympathy for the alcoholics.

The word alcoholism was coined only in 1849 by a Swedish public healthist, Dr. Magnus Huss. But, under other descriptive words, alcoholism had been recognized as a disease since ancient times. The Roman author Seneca, in the 1st centruy, clearly distinguished, in his Epistle 83, between mere drunkenness and helpless enslavement to drunkenness with disablement of control. The classic English author Geoffrey Chaucer, in the 14th century expressed the same idea of addiction to drunkenness being an illness in his Canterbury Tales. The first chief medical officer of George Washington's revolutionary army wrote the first American medical essay on the harmful effects of "ardent spiritis". He explicitly called habitual drunkenness a disease, explicitly classified it as an addiction, and described several methods of treatment--some he had practiced with success.

In the 19th century a large cadre of American physicians--in parallel with Europeans--took a major interest in alcoholism. The earliest medical journals published articles by prominent doctors featuring theories of the causes of alcoholism and reports of its treatment. So firmly established was the disease concept that by the 1870's the first American medical society on "inebriety" was formed and the Journal of Inebriety was launched by these physicians.

Chiefly in non-medical circles, sometimes among the clergy, opposition to the disease concept was periodically heard. "Drunkenness is a vice, not a disease," a famous preacher thundered, opposing the medical viewpoint. Some people did not like to absolve the "common drunkard" of blame, or spare him from punishment, for his sinful conduct, all the more as they suspected he was enjoying it. But in an era when medicine was becoming increasingly scientific, doctors were increasingly recognizing a hard fact: people who repeatedly suffered harm from their gross drunking, yet could not refrain from repeating it, were not willful wrongdoers. They were victims of a compulsion beyond their control.

Those who think the disease concept was lately invented for a humanitarian purpose--to get the alcoholics out of the clutches of the police and into the merciful ministry of medicine--are putting the horse into the cart. Indeed, the popularizers of the disease concept wished to have the alcoholics treated rather than punished. But they did not invent the disease concept. By the 1940's it didn't need inventing. It needed only publicizing.

Those who think the American Medical Association "recognized" alcoholism as a disease only in 1956 have not read the 1956 A.M.A. statement. It admonished the hospitals that they must admit alcoholics like other sick people, thus indirectly confirming what American medical authorities had recognized since the earliest days of the Republic.

Confusion arises because the manifest symptom of the disease alcoholism looks just like the behavior of many people who don't have the disease. Many people who are not alcoholics misbehave with alcohol. They drink too much and get drunk. Some of them are practicing to become alcoholics. Some people, even some professionals and scientists, don't distinguish between those who are already addicted and can't help drinking to drunkenness, and those who are drinking voluntarily. Seneca made the distinction in the first century, but it takes some people a lot of time to catch on.

To understand alcoholism one must understand addiction. One way is to understand it as a learned condition. For any possible reasons, a person adopts a practice--such as resort to the relief afforded by a drug--which is profoundly "rewarding", pleasure-giving, or pain-relieving, or anxiety-reducing. The benefit from the practice gradually acquires a fixed condition. Whenever relevant cues, signals or stimuli occur, the conditioned person responds, automatically as it were, by reaching for the determined object, performing the determined act. The addicted-conditioned person has no control in that situation or event. The conditioned response may originally have been beneficent for the person. Getting loaded with alcohol may have been beneficent at one time. Eventually the enactment of the conditioned response may become injurious--in health, or in relationships, or economically. But by now the addict is helpless. He responds in the conditioned way even to his own hurt.

Somewhere in the organism of the addict, presumably in the nervous system, there is a change which reflects the conditioning and imposes the unavoidable self-hurting response. That change is, therefore, a pathology. That's why addiction is a disease. That's why alcoholism--alcohol addiction--is a disease.

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WALKING THROUGH LIFE TRANQUILIZED

"The person who uses alcohol with the expectation that it will make life easier and better is totally mistaken," according to Dr. Maxwell N. Weisman, psychiatrist and recently retired director of the Division of Alcoholism Control for the State of Maryland. In an article entitled "Sleepwalking Through Life" in the August issue of Listen magazine, Dr. Weisman discusses alcohol and its effects on teenagers.

Dr. Weisman points out that alcohol is a sedative drug that was often used as an anesthetic before the discovery of ether. "When alcohol is introduced into the brain," he writes, "one of the first things that happens is that the function of higher nerve centers is reduced,...those portions of the brain that have to do with sensation, with insight, with intelligence, with coordination and the motor parts of the brain."

One important result is a lowering of the ability to make judgments. Dr. Weisman says this is why consumers of alcohol cannot trust their own judgment on whether they are "too drunk" to drive.

Walking Through Life Tranquilized (Con't)

Dr. Weisman also points out that in our anxiety-ridden society people are willing to risk alcohol's harmful effects for its tranquilizing effects. "Today's young people," he adds, "have to learn to cope with anxiety in a way that will insulate them from developing the diseases that we find later in adulthood."

"There are many positive alternatives to walking through life tranquilized," Dr. Weisman writes, "and I hope young people can be educated to avoid the alcohol and drug scene."

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'HOW TO TALK TO KIDS ABOUT DRUGS' is title of 31-page step-by-step guide.. Newport-Mesa-Irvine PRIDE, a California chapter of National Federation of Parents For Drug Free Yough, says booklet is designed to help parents talk to kids without fear, doubt or embarrassment....Price $3, which includes postage and handling. Bulk rates available. Order: Potomoc Press, Pacific Institute for Research and Evaluation, Suite 1006, 7101 Wisconsin Avenue, Bethesda, MD 20814.

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NEW STATE APPROVALS

Deaconess Medical Center
Chemical Dependency Unit
1101 26th Street South
Great Falls. 18 bed Inpatient Hospital Program.

Director: Bud Collins - Phone 761-1200, extension 5200

PENDING APPROVALS

Rocky Mountain Treatment Center, Inc., Great Falls. 32 bed Inpatient Free-standing.

Shodair Adolescent Program, Helena. 22 bed (adolescent) Inpatient Hospital Program.

Wilderness Treatment Center, Marion. 18 bed (adolescent, young adult males) Inpatient Free-standing program.

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Since 1934, hunters have paid more than $200 million for duck stamps.

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U.S. GOVERNMENT'S PROMOTION OF METHADONE as a cure for heroin addiction has cost at least 4,417 lives across the nation, according to News and Sun-Sentinel, Fort Lauderdale and Pompano Beach, FL, newspaper. Among the dead: heroin users seeking a cure, thrill seekers and unborn children of drug-using mothers. Copyright story detailed year-long review of government's 11-year-old methadone program. (During World War II, German chemists created methadone to alleviate shortage of morphine. In 1966 a researcher suggested it as a cure for heroin addiction.)

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MARIJUANA RESEARCH UPDATE

From Pride Conferences:*

In his summary of the World Health Organization Report on Cannabis, Dr. Juan Negrete from Canada observed: "During light intoxication (two to four hours after a 1.5% joint), the "individual's subjective feelings of inebriation may disappear and re-emerge spontaneously several times. The uneven course of the experience is due to the intermittent release of cannabinoids from the fatty tissue." This unpredictable recurrence of drug effect is especially significant for pilots and drivers who believe they are no longer intoxicated and thus may put themselves and others in danger without realizing it. Flashback reactions may be explained as "cases of prolonged intoxication where the reactivation of symptoms results from the lingering presence of cannabinoids in the bodies of regular users." The amotivational syndrome would be better termed the "chronic lethargy syndrome" or "chronic cannabis intoxication," due to the cumulative neurotoxic effect of cannabis in frequent users.

Dr. Marietta Issidorides, from Greece, reported that cannabis causes a depletion of arginine, a vital protein in cells, which leads to repercussions in many metabolic pathways. Tracing the critical role of arginine in evolution, including the movement of animals from water to land, she described the impact of cannabis-induced arginine deficiency in the "old, primeval brain" in man: "Here resides all the automatic inherited behavior for self-preservation...breathing mechanisms, heat regulation, all the reactions of fear, flight, fight, and reproduction that maintain this species somatically." Cannabis impairs neurons that subserve vigilance, behavioral strategies in response to stress, memory consolidation, and sleep." She concludes, "America's 'favorite recreational drug' is biologically an uncoping drug since it dampens the defense and survival mechanisms of the organism."

Dr. Susan Dalterio, from the University of Texas at San Antonio, reported on cannabis effects on sexual and reproductive processes in male mice. When THC, CBN, and/or CBD were given briefly to pregnant or nursing females, hormonal abnormalities occurred in male offspring during puberty and adulthood. The mouse sons revealed deficient testosterone and testicular growth, which parallel the reports of "unevenly delayed sexual maturation" in human adolescents (sparse beard growth and/or small testes, etc.). At adulthood, many of the exposed males showed non-interest in mating, impotence, and infertility, which parallel reports from physicians in Columbia about their cannabis-using human patients. Most disturbing was evidence that marijuana-exposed parents pass on chromosomal abnormalities to succeeding generations. Dalterio concluded, "Before we allow a human population to go on contaminating the possible third or fourth generation, we need to do more research to identify the possibilities and even the way of correcting it before it goes any further."

At the San Francisco PRIDE conference, Dr. Ethel Sassenrath, of the University of California at Davis, reported on the changing effect of cannabis after long-term exposure in monkeys: "The brain appears to be altered in its control of personality and behavior, so that a prominent shift in social behavior is toward irritability rather than tranquility, expecially to challenge or threat or stress and this persists even when the "high" is over.." Dr. John McGahan, radiologist, examined the brains of long-term THC-exposed monkeys with CAT-scan techniques and found that ventricles in certain areas of the brain were significantly enlarged, indicating cerebral atrophy. Sassenrath concluded, "It is wishful thinking to assume these brain effects would be limited to monkey primates and not human primates or to assume there is some 'safe' lower level of chronic drug intake at which nothing detrimental happens." Given the extremely long persistence of this drug in fatty tissues of the brain, "low level of exposure over long enough periods of time will have detrimental effects similar to those of higher levels of drug intake - it will just take longer."

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*Highlights from PRIDE Conference February 14-15, 1983 and April 7-9, 1983. The full texts can be ordered from PRIDE: 100 Edgewood Avenue
Suite 1216
Atlanta, GA 30303
1-800-241-9746

PRESSURE TO TRY DRUGS STARTS IN EARLY GRADES

Grade school children report substantial peer pressure to try drugs and alcohol as early as fourth grade, according to a survey of U.S. school children by the classroom publication Weekly Reader.

The readership poll, said to be the first major national survey of young children on the subject of drugs and alcohol, was distributed to 3.7 million students in grades four through twelve. Five hundred thousand children responded.

The results show that in grades four and five children receive their education about the dangers of drugs and drinking about equally from family and movies/television. Not until grade six does school become an equal source of information, and not until grade seven does school become the major source.

And yet, as early as fourth grade about 25 percent say that children in their age-group feel "some" to "a lot" of peer pressure to try beer, wine, liquor, or marijuana. By the time they are in seventh grade, about 60 percent feel pressure to try alcohol; and about 50 percent, to try marijuana.

The motivation for trying drugs and liquor in the lower grades appeared to be a desire to "feel older"; and then as the children progressed through the middle grades, to "fit in with other kids"; and finally in grades nine through twelve, "to have a good time."

About 75 percent of children in fourth grade saw "some" or "great" risk posed to children their age who had one alcoholic drink or smoked one marijuana cigarette daily, while about 20 percent saw "no risk." The percentage seeing "some" or "great" risk for daily use of alcohol or marijuana rose slightly from fourth to seventh grade, and then dropped slightly in high school.

Another significant finding was the school children's beliefs concerning experiments with hard drugs by their peers. In grade four, about 50 percent of the students estimated that no "kids your age" in "your town or city" had tried cocaine, and about 60 percent said that no students had tried angel dust or LSD.

For Further Information:

Dr. Terry Borton, Editor in Chief
Xerox Education Publications
Middletown, CT 06457
(203) 347-7251, Ext. 2211

- PRIDE, June 1983

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BREAKFAST SURPRISE

Battle Creek, Michigan - Ten-year-old Todd Harmeyer of Fort Wayne, Ind., got more than Frosted Mini-Wheats in his breakfast bowl one morning recently. In addition to the cereal, he poured out bits of burnt paper and what he thought were mouse droppings. The "droppings" turned out to be marijuana seeds. His mother has complained to the Kellogg Company, which is investigating how the surprise got into the package.

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STUDENT DRUG USE

A poll conducted in Great Falls public schools in December 1982, showed that most high school students have used alcohol, other drugs or a combination of both. School officials also discovered that experimentation with drugs is beginning earlier. Twice as many seventh and eighth graders as twelfth graders used drugs before the sixth grade.

FINDINGS:

° 90.3% of high school students used alcohol or other drugs.
° 81.1% of 9th graders had already experimented.
° 48.3% of 7th graders had tried drugs or alcohol.
° 25.2% of junior high students used drugs once a month.
° 62.5% of high school students went to keggers.
° 21.2% of junior high students attended beer parties.
° 54.7% of high school seniors mixed driving and drugs.

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AMERICANS SAY HEALTH CARE TOO TREATMENT ORIENTED

Some 44 percent of the American people believe the nation's health care system focuses too heavily on the treatment of disease and not enough on prevention, an insurance industry survey said. Only 14 percent of those surveyed disagreed with the premise.

"There is a widespread feeling that further improvements in the health of the American people can and will be achieved, not just by spending more billions and developing new drugs and technology, but through a national commitment to efforts designed to prevent disease and to promote health," said Dr. Donald N. Logsdon, project director of the Lifecycle Prevention Health Services Study of 28 life and health insurance companies and two foundations.

Among the positive steps cited by the study are:

° New England Mutual Life Insurance Co. in Boston piloted a wellness program for 200 employees. The emphasis was on health promotion through medical and physical screening, examination of lifestyle practices, education, physical exercise and special programs on such subjects as stress management, smoking cessation and weight control, said Dr. Arthur E. Brown, company vice president.

° At the State Life Insurance Co. in Indianapolis, conducted through the St. Vincent's Hospital Wellness Center, participants undergo bicycle ergometer testing of cardiovascular strength, assessments of stress, nutrition and exercise habits and follow-up workshops with specific recommendations for extending their lifespan.

° At John Hancock, says medical director Harold S. Kost, the health education programs include nutrition and weight control, high blood pressure education, cardiopulmonary resuscitation, breast cancer education, smoking cessation and stress management programs.

° Transamerica Occidental Life in Los Angeles chairman Meno T. Lake said his company maintains a complete gym where employees aim for fitness and conditioning as well as recreation.

For information, contact Stanley G. Karson, Center for Corporate Public Involvement, 1850 K Street NW, Washington, DC 20006, (202) 862-4047.

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CERTIFIED SINCE JULY/AUGUST HABIT

Vernon "Brick" Clawson	Anaconda A/D Program
Harry Knowlton	Hill-Top Recovery, Havre
Sharon Loss	District II A/D Program, Glendive
Nancy Rosenleaf	Anaconda A/D Program
Marge Self	South Central Montana A/D Program, Billings
Darlene Sisk	Deaconess Medical Center CDU, Great Falls
Robert Sodervick	Hill Top Recovery, Havre
Elizabeth Stuphin	Independent
Joan Tolmie	Deaconess Medical Center CDU, Great Falls
Loree Basaraba	Lincoln/Sanders County A/D Program, Libby
Vera Brunckhorst	A/D Referral Center of Park County, White Sulphur Springs
J. Earl Farris	Rocky Mountain Treatment Center, Great Falls
B. Edward Houchin	Fort Belknap A/D Center, Harlem
Roger Lohman	Glasgow CDC
William Medved	Colstrip High School
Tia Whitegrass	Medicine Pine Lodge, Browning
Michael Ryan	Sunrise Ranch, Helena
Gene Bradbury	Gallatin County A/D Program, Bozeman
Thelma Dickenson	Musselshell County A/D Program, Ryegate
Lee Jaeger	Butte Indian Alcoholism Program
Robert Keane	District I A/D Program, Glasgow
Barbara Mann	Care Unit, Butte
Roger Stenseth	Beaverhead/Madison Program, Ennis
Robert Weiss	Glasgow CDC
Kelly Richards	Butte Drug Program
Earl Cherry	Hill Top Recovery, Conrad
John Olson	Deaconess Medical Center CDU, Great Falls
Karen Newstrom	Wilderness Treatment Center, Marion
Neal Bateman	Boyd Andrew Service Center, Choteau
Jerrold Blevins	Medicine Pine Lodge, Browning
Scott Schreiber	South Central Montana A/D Program, Billings
Aaron Perry	Butte Indian Alcoholism Program
Christine Valentine	Northern Cheyenne A/D Program, Lame Deer
Albert Guay	St. James Hospital, Butte

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TRAINING: EVERYONE'S CERTIFICATION CREDIT RESPONSIBILITY

Persons attending training workshops or programs planning to provide workshop training should be familiar with requirements for workshop certification approval.

Workshops are approved by meeting the following criteria:

1. Must be alcohol or drug related.
2. Must be a minimum of six (6) hours in length.
3. Must provide an evaluation mechanism whereby the training and trainers are evaluated by participants.
4. Application for approval must be accompanied by background information concerning the trainers, a description of the course content, a statement explaining how the course will improve the participants' working skills, and the course agenda showing total hours.

Those seeking approval of training workshops are advised that they must provide verification of full time attendance to each individual participant, either in the form of a letter or certificate.

Some training providers have not applied for prior approval of workshops, mainly because they are unaware of the above requirements. We have, however, awarded certification credit to participants in these cases, realizing that training is both costly and difficult to obtain. This, in no way, is intended as a waiver of requirements, but more of a courtesy to those persons in need of training certification points.

Training: Everyone's Certification Credit Responsibility (Con't)

We strongly suggest, that as a participant in training, you elicit a commitment from the trainer to provide you with an individual letter or certificate attesting to your full time attendance. A copy of this can then be submitted for certification credit.

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JOBS BILL AWARD

The president signed, on March 24, 1983, Public Law 98-8, the Jobs Bill which makes appropriations to provide productive employment for jobless Americans. Included in this Bill are additional appropriations for the Alcohol, Drug Abuse and Mental Health Services Block Grant. The additional amount for Montana Alcohol and Drug Services for Fiscal Year 1984 is $57,124.00. As per the provision of the law these funds are made available to Montana only after the Governor offered satisfactory assurance to the Federal Government that the State would use these funds in addition to rather than in lieu of, existing federal or state funds already available for alcohol and drug services.

The Department of Institutions was given authority to expend these funds in FY84 and also insure compliance to the provisions of the Jobs Bill and the Governor assurance to the Federal Government. These funds were contracted by the Department to existing state approved chemical dependency programs for additional staff to provide additional counseling and services for unemployed chemically dependent people and/or family members.

State approved programs providing services to one or more of the following counties were eligible to apply at the Department of Institutions Alcohol and Drug Abuse Division for funding: Big Horn, Blaine, Broadwater, part of Cascade, Deer Lodge, Flathead, Glacier, Granite, Jefferson, Lake, Lincoln, Meagher, Mineral, Missoula, Musselshell, Park, Powell, Ravalli, Sanders, Silver Bow and Wibaux Counties.

The criteria used in order to determine eligible applications for funding were:

1. Unemployment rates in counties for FY82.
2. Unemployment ratio of clients admitted and discharged in 1982.
3. Adherence to instructions in the packet and completeness of the application.

The Department received 7 proposals, of the seven, four were funded: Ravalli County Alcohol and Drug Program, Hamilton; Lincoln-Sanders Alcohol and Drug Program, Libby; Big Horn County Alcohol and Drug Program, Hardin; and the Flathead Reservation Alcohol and Drug Program in Ronan.

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CLEAR THINKING ABOUT TEENAGE DRINKING

"Forty percent of high school seniors get drunk at least once every two weeks," according to Dr. Robert L. DuPont, president of the American Council for Drug Education and past director of the White House Special Action Office for Drug Abuse Prevention. In an October Listen magazine article entitled, "Awash in Alcohol," Dr. DuPont discusses the diverse and disturbing problems of teenage drinking.

"We go through the process of passing laws setting the drinking age at 21" Dr. DuPont writes, "yet American parents...don't realize that their kids are breaking the law when they drink, or that parents are breaking the law by giving their kids alcohol."

He goes on to explain "Most American teenagers have never heard the argument that they shouldn't drink alcohol at all or at least not until they are the legal drinking age...They are encouraged to drink by the common but misguided concept that alcohol use is easily controlled." This is especially disturbing considering that "more than 10 percent of people who aim to be social drinkers actually lost control of their drinking and become alcoholics," he adds.

Clear Thinking About Teenage Drinking (Con't)

Furthermore, Dr. DuPont points out that if alcohol were discovered today and submitted to the United States Food and Drug Administration for approval for mass distribution, it would be classified as a drug with "high abuse potential and no therapeutic indication," in the same category as LSD, heroin, marijuana, and PCP.

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DOCTORS ASKED TO SUPPORT RAISE IN U.S. DRINKING AGE

Chigaco -- Physicians in the United States are being asked to join in the campaign to raise the minimum legal drinking age to 21 years.

The American Medical Association's (AMA) House of Delegates, its policy-making body, have adopted a resolution calling for state medical societies to seek and support legislation to achieve this goal.

The resolution urges "all physicians to commit themselves to taking every available opportunity to educate their patients about the dangers of alcohol abuse in general and operating a motor vehicle while under the influence of alcohol in particular."

Introduced by the Wisconsin delegation at the annual meeting here of the AMA, the resolution cites alcohol as "the number one killer" of young male drivers, 18 to 21 years old, in the U.S.

Fifteen states have set 21 years as the minimum legal age to purchase any alcohol, and 15 states and the District of Columbia have set that age as the minimum to purchase spirits.

Because the legal drinking age is not uniform nationwide, thousands of young people cross state lines to drink, and their driving causes a health and safety hazard to themselves and innocent citizens, the resolution points out.

Another resolution encourages the radio and television media to refuse advertising of alcoholic beverages.

"People in general, but particularly children and adolescents, are strongly influenced by what they see on television and hear on radio," it says.

A resolution introduced by the Resident Physicians Section also addressed the issue of advertising and commended "those automobile and alcoholic beverage companies that have advertised against driving while under the influence of alcohol.

- Reprint from "The Journal"

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BARTENDERS BACK '21'

Cincinnati (AP)--The National Bartenders union has called for all states to raise the legal drinking age to 21 in an effort to reduce traffic deaths caused by drunken driving.

"I know this might sound strange since many of our union members make their living from serving booze." said Herman Leavitt, general secretary-treasurer of the 400,000 member union, headquartered in Cincinnati.

"But we have to look at recent statistics which show a great percentage of the deaths caused by drunk driving are in the 16-19 age group," he said.

- Milwaukee Sentinel

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JACKY SEVERSON--NEIGHBOR TO NEIGHBOR

The first counselor of the issue, or of the month, is Jacky Severson of Region II. This month (October 10) Jacky completes nine years as a counselor for the Hill-Top Recovery Center's Shelby outpatient clinic. She also has one and one-half years of previous volunteer service at the same station. Jacky has Certificate of Certification; number 18, for chemically dependency counseling hanging on her office wall. In her position as sole clinic or satellite staff person she provides full time chemical dependency services in Liberty and TooleCounties and back-up service for Glacier and Pondera Counties. For program participants "Jacky's Clinic" routinely provides: assessments, intakes and referrals as appropriate; one-to-one counseling, group counseling, couples groups, Montana Court School, prevention/education services, school lectures, civic and community group presentations. She encourages clients to participate in AA or Alanon in addition to treatment and absolutely utilize the Fellowship for maintenance. Jacky said her goal for outpatient appropriate clients is six months of counseling followed by a maintenance protocol. Said she knows the "Higher Power" touched Montana with the positive changes that have occurred since she started in the field, including alcohol (chemical dependency) services provided in every county of the state. Jacky commented that a day doesn't pass that she either thanks or curses Danny Peressini (former Hill-Top director) for giving her the opportunity, support and strength to start the Shelby office. Jacky shared that she graduated in 1970 from Heartview where she attended, not for treatment but "to learn how to drink like everyone else, socially."

Hard as it may be to believe, Jacky finds time to have a personal life. Jacky is married to Jim and has two grown, married children; a son in the marines and a daughter living in Shelby, and two granddaughters. She was born and raised in the Cut Bank area and attended the school of "Hard Knocks". Jacky and Jim look forward to the day when "their ship comes in" or, through perseverance, they retire to their new dream house in Whitefish.

If you're on the "Highline" stop in for a cup with Jacky (434-5002).

Congratulations for ten-and-a-half years of service, and Thanks!

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PROVIDENCE ALCOHOLISM CENTER

by: Marlene O'Connell

Providence celebrated the beginning of comprehensive family treatment in Great Falls during an open house, September 24, 1983. A year and a half ago, a financially troubled Providence was involved in the provision of traditional treatment services usually provided by programs receiving alcohol tax monies including a detox unit, 28 day residential treatment, 90 day transitional living facility, outpatient services and declining public monies, Providence, under the direction of Harold Schutt, and a revitalized Board of Directors, discontinued residential services and reorganized to provide an intensive, comprehensive and cost effective outpatient program to families impacted by chemical abuse and dependency.

Accompanying these dramatic program changes, Providence sold its facility, an old convent, and purchased a newer office complex located at 401 3rd Avenue North in Great Falls, Montana. Providence didn't apply for or receive FY84 State Discretionary Funding; however, they do have a contract from ADAD for 40 drug treatment slots.

The core of this innovative program is the intensive evening program operating four evenings a week for four weeks with the emphasis on treating total family units. Following the intensive four weeks, individuals and families are in aftercare for five months gradually decreasing in intensity from twice a week to every other week sessions.

Providence also provides individual family and specialized group counseling to children, adolescents, women and concerned others. Interventions, community counsultation and education, outreach referral and crisis intervention activities further compliment the activities offered by Providence

Providence Alcoholism Center (Con't)

Providence is staffed by a well balanced treatment team representing over 50 years experience in chemical dependency treatment. Counselors include members of the "Recovering Community", a minister providing spiritual expertise and counselors prepared at the master's level in counseling and nursing. This unique blend of expertise has allowed Providence to develop a nontraditional challenging mode of treatment consistent with futuristic trends in the delivery of chemical health, abuse and dependency treatment.

Providence staff believes that chemical abuse and dependency are separate distinct conditions requiring treatment based on accurate diagnosis. It is further believed that with earlier and more accurate diagnosis, outpatient treatment, being least restrictive and consistent with other health trends, should be the initial method of treatment.

The staff is committed to total family involvement believing chemical abuse and dependency are family affairs reflective of involvement on multigenerational levels. To this extent only one member of a family is charged for involvement in the intensive evening program and specialized childrens groups for children as young as age 5, have been instituted to promote chemical health.

The changes and growth in Providence can perhaps be best summarized in the words of the Executive Director, Harold Schutt, "We are challenging traditional treatment methods and we expect to be challenged in return."

STAFF: Harold Schutt, Executive Director, Marlene O'Connell, Clinical Director, Dale Crosby, Skip Wilcox, Marie Schutt, Marilyn Smith, Counselors Gail Bucko, Contracted Treatment and Prevention Services, Connie Clark, Court School coordinator, Fred Rowe, Intoxicated Care Systems Coordinator, Support: Dottie Vrana, Office Manager, Nora Omholt, bookkeeper, Judie Lenzmeier, Data Coordinator, Jay Iserloth, Maintenance.

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THE CHEMICAL PEOPLE

On two successive Wednesdays, November 2 and 9, 1983, communities across the nation will have an opportunity to join together to combat school-age drug and alcohol abuse as THE CHEMICAL PEOPLE is broadcast. This unique television event combines two one-hour network programs with action -- the assembly of concerned citizens in affected communities all across America. This unprecendented PBS offering promises to utilize the media in new and unusual ways to help stimulate communities all over America to face a crisis.

Towards assisting The Chemical People Program, the National Institute on Drug Abuse (NIDA) Prevention Branch has developed Communities: What You Can Do About Drug and Alcohol Abuse. This booklet can also be used for other community based projects. Community programs that want copies should contact the National Clearinghouse for Drug Abuse Information (NCDAI) at NCDAI, P.O. Box 416, Kensington, Maryland 20795. NIDA has forwarded limited copies to all 300 Public Broadcasting stations for use and distribution during and after their town meetings.

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TOP OF THE NEWS

Arizona issuing licenses to sell illegal drugs. News account from Phoenix by Associated Press, indicated nine people had expressed interest in buying $100 licenses. New law, however, doesn't grant dealers immunity. Arizona is believed the only state with such a licensing law.

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People farming marijuana in Colorado can lose crop -- and ownership of their land and water rights, under bill signed into law by Governor Richard Lamm.

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